

# Bacterial Density Request Form

Please fill in all of the gray areas.



**State of Idaho**  
**Bureau of Laboratories**  
2220 Old Penitentiary Rd.  
Boise, ID 83712  
208-334-2235  
EPA ID00018

CUSTOMER NAME / AGENCY:		
Address:		
City:	State:	Zip:
Attention:		Contact Phone:
Additional copy of report sent to: Name:		Agency, If Applicable
Address: City, State, Zip Code		
Collected by	Date Submitted (Mo, Day, Yr)	DEQ Project #

SAMPLE TYPE (Check Appropriate Boxes)				
<input type="checkbox"/> Wastewater <input type="checkbox"/> Raw <input type="checkbox"/> Final <input type="checkbox"/> Chlorinated	<input type="checkbox"/> Surface Water (Recreational) <input type="checkbox"/> Cross Composite <input type="checkbox"/> Depth Integrated <input type="checkbox"/> Grab	<input type="checkbox"/> Drinking Water <input type="checkbox"/> Ground Water (Monitoring)	<input type="checkbox"/> Sludge <input type="checkbox"/> Soil <input type="checkbox"/> Other	
PURPOSE OF SURVEY (Check one box) <input type="checkbox"/> Intensive Survey <input type="checkbox"/> Trend <input type="checkbox"/> Compliance <input type="checkbox"/> Other				
SAMPLE TAKEN FROM (Check appropriate Boxes) <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Reservoir <input type="checkbox"/> Lake <input type="checkbox"/> STP <input type="checkbox"/> Industrial <input type="checkbox"/> Drain <input type="checkbox"/> Lagoon <input type="checkbox"/> Other				
PRESERVATION METHOD (Check appropriate boxes) <input type="checkbox"/> Cooled 4C <input type="checkbox"/> Sodium Thiosulfate <input type="checkbox"/> Both <input type="checkbox"/> Other				
TEST REQUESTED (Check appropriate boxes) <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform <input type="checkbox"/> E.coli <input type="checkbox"/> Other (See Directions on Back of Form)				

LABORATORY Sample Number (LAB USE ONLY)	Customer Sample ID	Sample Location	Date Collected (Mo/Day/Yr)	Time Collected (Military)

## Chain-of-Custody Information

Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:

## Special Instructions:

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Get your forms on the web at: <http://www.healthy.idaho.gov>; select 'LabSubmission Forms'

LABORATORY USE ONLY

Shipper: \_\_\_\_\_ # Bottles / Sample: \_\_\_\_\_ Container Type: \_\_\_\_\_

Date / Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Lab Sample #: \_\_\_\_\_

Payment \_\_\_\_\_ Lab Order ID: \_\_\_\_\_

Updated 2/15/06